

Utah Medicaid

HIPAA Transaction Standard Companion Guide

Health Care Claim Status Request and Response (276/277) ASC X12N/005010X212

January 2013

Disclosure Statement

Disclosure, distribution and copying of this guide is permitted, however, changes to items found in this guide may occur at any time without notice.

The intended purpose and use of this guide is to provide information in reference to the Health Care Claim Status Request and Response (276/277) transaction.

Due to the copyright protection of the 5010 Implementation Guides (TR3), Utah Medicaid will not publish items found on the ASC X12 Implementation Guides (TR3), other than to convey Utah Medicaid's system limitations and usage iterations.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronic health data with Utah Medicaid. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

The Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. It is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide will provide information regarding the exchange of Electronic Data Interchange (EDI) transaction with Utah Medicaid regarding eligibility inquiry and response. It also includes information about EDI enrollment, testing, and customer support.

Utah Medicaid is publishing this Companion Guide to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of the ASCX12N TR3 mandated by HIPAA. The Companion Guide can be accessed at <https://health.utah.gov/hipaa/guides.htm>.

This page is intentionally left blank.

Table of Contents

1 INTRODUCTION	6
Scope	7
Overview	8
References	9
Additional Information	10
2 GETTING STARTED	11
Working with Utah Medicaid	11
Trading Partner Registration	11
Certification and Testing Overview	11
3 TESTING WITH THE PAYER	12
4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS	12
Web Services	12
5 CONTACT INFORMATION	13
EDI Customer Service	13
EDI Technical Assistance	14
Applicable websites/email	14
6 CONTROL SEGMENTS/ENVELOPES	15
ISA-IEA	15
GS-GE	15
ST-SE	15
7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS.....	16
8 ACKNOWLEDGEMENTS AND/OR REPORTS.....	17
Report Inventory.....	17
9 TRADING PARTNER AGREEMENTS.....	17
Trading Partners.....	17
10 TRANSACTION SPECIFIC INFORMATION.....	18
APPENDICES.....	22
1. Implementation Checklist.....	22
2. Business Scenarios.....	22
3. Transmission Examples.....	22
4. Frequently Asked Questions.....	30
5. Change Summary.....	32

1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) require all entities exchanging health data to comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The Accredited Standards Committees (ASC) X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) are the standard of compliance. The TR3s are published by the Washington Publishing Company (WPC) and are available at <http://www.wpc-ed.com/>.

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that due to Utah Medicaid's system limitation and business needs may require additional information in addition to or, over and above the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements.
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with Utah Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe Utah Medicaid's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
69	2210D	SVC01	Composite Medical Procedure Identifier	HC:	10	Number of Line limitation - Use HC: for HCPCS code, then enter the code.
69	2210D	SVC02	Line Item Charge Amount		10	Number of Line limitation - Use the original submitted charge.
69	2210D	SVC07	Unit of Service Count			Use the original submitted Units of Service.

Scope

The Companion Guide addresses Medicaid's technical and connectivity specifications for the Health Care Claim Status Request and Response (276/277) transactions.

Transactions	Versions
276/277 Health Care Claim Status Request and Response	005010X212

Overview

The Companion Guide was written to assist providers in designing and implementing transaction standards to meet Utah Medicaid's processing methodology. The guide is organized in the sections listed below:

- **Getting Started:** Section includes information on enrolling as a Utah Medicaid Provider, EDI enrollment, and testing process.
- **Testing With The Payer:** Section includes detailed transaction instruction on how to test with Utah Medicaid.
- **Connectivity With The Payer/Communications:** Section includes information on Medicaid's transmission procedures, as well as communication and security protocols.
- **Contact Information:** Section includes Medicaid's telephone numbers, mailing and email addresses, and other contact information.
- **Control Segments/Envelopes:** Section contains information needed to create the ISA/IEA, GS/GE, and ST/SE control segments to be submitted to Utah Medicaid.
- **Payer Specific Business Rules and Limitation:** Section includes detailed transaction testing information. Web services connection is needed to send transactions.
- **Acknowledgements and/or Reports:** Sections contains information on all EDI reports such as 276/277, 999s or TA1.
- **Trading Partner Agreements:** Sections contains information regarding Trading Partner EDI Enrollment requirements for the 276/277 transactions.
- **Transaction Specific Information:** Section contains specific information regarding 276/277 transactions, system limitations, scheduled and non-

scheduled system downtime notification, holiday hours and other information that would be helpful to Trading Partners.

- **Appendices:** This section will lay out transmission examples, frequently asked questions, implementation checklist, business scenarios and change summary.

References

5010 ASC X12 TR3 Guides

Due to system limitation and business needs, Utah Medicaid will identify loops, segments and data elements to convey additional information in order to process electronic requests successfully.

The TR3s may be purchased through Washington Publishing Company (WPC) at <http://www.wpc-edi.com>.

Utah Health Information Network (UHN) Standards and Specifications.

All payers in Utah, including Medicaid, have adopted the UHN Standards and Specifications set forth by the Utah Health Insurance Commission. UHN is an independent, not-for-profit, value added network serving providers and payers in Utah.

UHN Home Page: <http://www.uhn.org>

The UHN Standards can be found at
<http://www.uhn.org/pages/standards-specifications.php>

UHN UTRANSEND Technical Reference Manual
<http://www.uhn.org/pages/standards-specifications/technical-reference-manual-trm.php>

Council For Affordable Quality Healthcare (CAQH) Committee On Operating Rules for Information Exchange (CORE)

For information regarding CORE Rules which governs additional requirements with the Health Care Claim Status Request and Response (276/277), see the Committee On Operating Rules for Information Exchange (CORE) website at:
<http://www.caqh.org>

Washington Publishing Company (WPC): <http://www.wpc-edi.com/>
WPC Code List: <http://www.wpc-edi.com/codes>
WPC complete product list: <http://www.wpc-edi.com/content/view/661/393/>

CMS transaction and Code Sets Standards:
<http://www.cms.gov/TransactionCodeSetsStandards>

CMS Electronic Billing & EDI Transactions Help Lines (Part A and B)

<http://www.cms.gov/ElectronicBillingEDITrans>

Accredited Standards Committee (ASC): <http://www.x12.org>

Additional Information

Utah Medicaid does not offer EDI software. Some software vendors charge for each electronic transaction type (claims, eligibility, reports, and remittance advice). There is no regulation as to what software vendors can charge for the software license or their services. It is the responsibility of the provider to procure software that best fit their business needs.

Things to consider when looking for an EDI software:

1. Fees and Function – What EDI transactions are included with the software license?
 - a. Health Care Benefit Claim status Inquiries/Response (270/271).
 - b. Health Care Claim Status Request and Response (276/277).
 - c. Health Care Claims: 837P (Professional), 837I (Institutional), 837D (Dental)
 - d. Acknowledgment Reports (999 and 277CA).
 - e. Health Care Claim Payment/Advice (835).
 - f. Health Care Service Review (278)
 - g. 820 Premium Payment (HMO only)
 - h. Benefits Enrollment and Maintenance (HMO only)
2. Software License – Will the license include free regulatory updates?
3. Technical Support – Is the installation, set-up and subsequent assistance included with the subscription?
4. System Requirements – Will the software function with your current Operating System and/or Practice Management software or will new hardware be needed?
5. Reports – Are data elements on received transactions viewable, i.e., Claims Adjustment Reason Codes, Remittance Remark Codes, PLB segments on the 835, etc?

6. UHIN provides software for their members. Contact UHIN at 801-716-5901 for more information.
7. Providers using a billing company or clearinghouse, contact the billing company or clearinghouse for software.
8. Proprietary software can be used provided it meets HIPAAA 5010 standards and CORE requirements.

2 GETTING STARTED

Working with Utah Medicaid

Providers must enroll as a Utah Medicaid provider. Medicaid Provider Enrollment team may be reached at (801) 538-6155 or (800) 662-9651, option 3 and option 4 for questions regarding provider enrollment. Provider Enrollment forms, instructions and contact information are available on the Medicaid website at: <http://health.utah.gov/medicaid/provhtml/providerenroll.htm>

Once enrolled as a Utah Medicaid provider, contact UHIN for membership information and to obtain an Electronic Data Interchange (EDI) Trading Partner Number (TPN), in order to submit and/or receive electronic transactions to/from Utah Medicaid. Providers must obtain a Trading Partner Number (TPN) from UHIN. Contact UHIN at www.uhin.org or call (801) 716-5901 for membership enrollment information and web services connection.

Providers who elect to transmit/receive electronic transactions using a third party, such as a billing agent, clearinghouse or network service, do not need to contact UHIN or acquire a TPN if the billing agent, clearinghouse or network service is a member of UHIN. In this case, providers must obtain the billing company's TPN to complete Medicaid's EDI enrollment on line.

Trading Partner Registration

Utah Medicaid requires all trading partners to complete the Medicaid EDI Enrollment Form on line at <https://mmcs.health.utah.gov/hcfenroll2/index.jsp>, using the TPN assigned by UHIN or the clearinghouse or the network service TPN. Utah Medicaid does not accept any other form of EDI Enrollment.

Use the provider NPI or Medicaid Payment Contract Number (Atypical providers only), and the Tax ID to fill out the EDI Enrollment Form on line. Fill out the form completely and associate the TPN to each transaction based on business needs. Various and different TPNs may be used for each transaction.

A clearinghouse or billing agency may complete the EDI enrollment for the provider using the established TPN owned by the clearinghouse or billing agency.

Click on the link for the EDI Enrollment tutorial:

http://www.health.utah.gov/medicaid/pdfs/EDI_EnrollTutorial.pdf

Certification and Testing Overview

Medicaid requires all providers to test with UHIN prior to submission of electronic 5010 transactions. Contact UHIN at (877) 693-3071 to coordinate 5010 acceptance testing.

3 TESTING WITH THE PAYER

Contact UHIN Help Desk at (801) 716-5901 for security access to their Test environment. Coordinate Acceptance Testing with UHIN first. UHIN will validate your EDI transactions and notify Utah Medicaid when Acceptance Testing is completed.

Ensure your Trading Partner Number (TPN) is registered with Utah Medicaid prior to testing. Associate the TPN, obtained through UHIN to each transaction based on business needs. Registration can be done through the EDI Enrollment on line at the Medicaid's website:

<https://mmcs.health.utah.gov/hcfenroll2/index.jsp>.

Providers should coordinate testing with Utah Medicaid after completion of the Acceptance Testing with UHIN, by calling the EDI Customer Support at (801) 538-6155, option 3, option 5. Medicaid EDI Customer Support will assist with testing issues and errors.

Send your test transaction to Medicaid's Test Trading Partner Number:
HT000004-003

Providers using the UHINt software are not required to test. Contact UHIN Member Relations Team at (801) 716-5901 for technical support.

Providers using a third party software or a practice management software need to work directly with their software vendor for software upgrade and technical support.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Web Services connection is required to send electronic 5010 transactions. For more information, see UHIN standards at <http://www.uhin.org/>, under Standards & Specifications.

To initiate a Trading Partner relation with UHIN, contact UHIN at (801) 716-5901 or (877) 693-3071 for more information, or email at:
customerservice@uhin.com.

UHN membership is required to access the Security Specification, Hardware Requirements and Connectivity Companion Guides through UHN.

For complete information on the Connectivity requirements, click on UHN's website at the link below:

<http://www.uhn.org/pages/standards-specification/connectivity-companion-guide.php>.

UHN's Technical Specifications are available in the UHN UTRANSEND Technical Reference Manual. UHN UTRANSEND Technical Reference Manual: <http://www.uhn.org/pages/standards-specifications/technical-reference-manual-trm.php>

For information pertaining to the Hardware requirements, click on the link below: <http://www.uhn.org/media/specifications/Minimum%20and%20Recommended%20Hardware%20Requirements%20Specification%20v2-3.pdf>

For information pertaining to Security Specification which requires encryption and other measure to ensure the security of data and protected health information can be found on UHN's website at:

<http://www.uhn.org/media/specifications/Security%20Specification%20v2-6%20approved%2020120613%282%29.pdf>

5 CONTACT INFORMATION

EDI Customer Service

Trading Partners may call Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data and/or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

Utah Medicaid EDI Customer Support team may be reached by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, option 5. You may also email the EDI Customer Support team at: HCF_OSD@utah.gov

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M. On Thursday, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M. Utah Medicaid is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, the ListServe and through UHN alerts for unexpected system down time, delay in generation and transmission of EDI reports, delay in the release of provider payments, and to announce the release of new or interim Medicaid Information Bulletin (MIB), etc.

To sign up for the Medicaid ListServe, click on the URL below:

http://health.utah.gov/medicaid/provhtml/what_s_new.html

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at:

<http://www.uhin.org/pages/membership/newsletter-alerts.php>.

Utah Medicaid's mailing address is:
Bureau of Medicaid Operations
PO Box 143106
Salt Lake City, UT. 84114-3106

EDI Technical Assistance

Contact the EDI Customer Support team for error resolutions and questions regarding EDI errors. EDI Customer Support team may be reached by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, option 5. You may also email the EDI Customer Support team at: HCF_OSD@utah.gov

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M. On Thursday, EDI Customer Service phone lines are open from 11 A.M. to 5 P.M. Utah Medicaid is closed during Federal and State Holidays.

Applicable Websites/E-mail

Utah Medicaid EDI's email address is: HCF_OSD@utah.gov. (there is an underscore between HCF and OSD).

Utah Medicaid Web Page: <http://health.utah.gov/medicaid>

Utah Medicaid 5010 Companion Guide: <http://health.utah.gov/hipaa/guides.htm>

Utah Medicaid EDI Enrollment:
<https://mmcs.health.utah.gov/hcfenroll2/index.jsp>

EDI Enrollment Tutorial:
http://www.health.utah.gov/medicaid/pdfs/EDI_EnrollTutorial.pdf

Sign up for the Medicaid ListServe:
http://health.utah.gov/medicaid/provhtml/what_s_new.html

National Code Lists are available at: <http://www.wpc-edi.com>

UHIN: <http://www.uhin.org>

UHIN Help Desk: customerservice@uhin.com

Connectivity requirements, click on UHIN's website at the link below:

<http://www.uhin.org/pages/standards-specification/connectivity-companion-guide.php>.

Sign up to receive UHIN alerts:

<http://www.uhin.org/pages/membership/newsletter-alerts.php>.

UHIN's Hardware Requirements, click on the link below:

<http://www.uhin.org/media/specifications/Minimum%20and%20Recommended%20Hardware%20Requirements%20Specification%20v2-3.pdf>

UHIN Security Specification (data encryption):

<http://www.uhin.org/media/specifications/Security%20Specification%20v2-6%20approved%20120613%282%29.pdf>

277 Health Care Information Status Notification and the UHIN Standard located at <http://www.uhin.org/pages/standards-specifications/5010-claim-status-inquiry-and-response-standard-276277.php>

6 CONTROL SEGMENT/ENVELOPES

In all transactions except the 999 and other fast batch responses transactions (e.g. 271), the ISA06 and ISA08 hold the designated Trading Partner Number (TPN) of the submitter and receiver, respectively. The trading partner defines the value carried in the GS02 and GS03. If there is not an agreement between trading partners as to the value carried in these segments, then the default will be TPN of the submitter and receiver (i.e., the same numbers that are in ISA06 and ISA08, respectively).

For security purposes, neither the ISA04 nor the GS02 will be used to carry the Trading Partner Password or User ID. The Password and Use ID values will be transmitted in outside wrapping of the transaction for authentication. For this reason the ISA01 and ISA03 values are '00' and the ISA02 and ISA04 are space filled.

Interchange Control Number

To facilitate tracking and debugging the Interchange Control number used in the ISA13 must be unique for each transaction. The numbers may not be reused for a minimum of one year.

Interchange Sender ID

The information that is sent in the XML Header (SOAP wrapper) sender_id must be consistent with that sent in the Interchange Sender ID – ISA06. Failure may result in the receiver rejecting the file with an "ND" XML error code.

Group Control Number

To facilitate tracking and debugging the Group Control number used in the GS06 must be unique. The numbers may not be reused for a minimum of one year.

In a 999 acknowledgement or interactive response transaction, the GS03 carries the value sent in the GS02 of the 276 transaction that is being acknowledged. The table

below identifies the values to be carried in the ISA and GS of the transaction acknowledgment.

ISA Data Element	GS Data Element
ISA06 TPN of the submitter	GS02 Number is defined by submitter Trading Partner
ISA08 TPN of the receiver	GS03 return what was sent in GS02 in the transaction that is being acknowledged

For more information regarding the use of ISA/IEA and GS/GE control segments, see the Utah Standards available on the UHIN website at:

<http://www.uhin.org/pages/standards-specifications/send-and-receiver-identification-in-th-isa-and-gs-segments-specification/php>.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Utah Medicaid will support both Batch and Real-Time Health Care Claim Status Request and Response (276/277) transactions.

Regular Scheduled System Downtime

Utah Medicaid's systems are available to process Real Time and Batch transactions 24/7 except for our regularly scheduled system downtime, which is stated below.

Routine downtime

Regularly scheduled system downtime is Sundays, from 1 A.M. to 2 A.M.

No real-time transactions will be processed between these hours. No response and/or acknowledgement will be returned during scheduled and non-scheduled downtime.

Non-routine downtime

Medicaid will notify providers through email list serve, UHIN alerts or message broadcast through the phone system for unscheduled and/or emergency downtime within one hour of discovery.

No response and/or acknowledgement will be returned during scheduled or non-scheduled downtime.

System Holiday Schedule

Utah Medicaid's systems are available to process Real Time and Batch transactions 24 hrs a day, 7 days a week except for our regularly scheduled system downtime, as stated above.

Utah Medicaid Business Limitations:

Utah Medicaid limits Line Level Queries to ten (10) lines. If a query is received with more than 10 lines, the Claim Level response will be returned granted the minimum data validation is met.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Implementation Acknowledgment for Health Care Insurance (999) – Edits for syntactical quality of the functional group and the implementation guide compliance. 999 acknowledgements are returned for all batch 276 transactions. It will be available for download within one (1) hour after receipt of a 276 transmission.

An Accepted 999 means the transaction file was accepted and will be responded to by the next business day. A Rejected 999 means the file transmitted does not comply with the HIPAA standards identified by the syntactical analysis or implementation guide compliance.

The 999 report will identify the segment name, segment location and data element in error. Error(s) must be corrected before resubmitting the 276 transaction.

For Real-Time claim status requests, no 999 acknowledgement will be returned. Multiple claim status queries submitted on Real-time will reject on a 271 transaction with AAA error code.

9 TRADING PARTNER AGREEMENTS

Contact UHIN at www.uhin.org or call (801) 716-5901 for membership enrollment information and Web Services connection. UHIN will assign a Trading Partner Number (TPN) for EDI.

Providers who elect to submit/receive electronic transactions using a third party such as a billing agent, clearinghouse or network service do not need to contact UHIN or acquire a TPN if the billing agent, clearinghouse or network service is a member of UHIN. Clearinghouse or billing agency may complete the EDI enrollment for the provider or obtain the billing company's TPN if you elect to complete the EDI enrollment on our website.

Providers who wish to exchange electronic transaction with Medicaid must submit an Electronic Data Interchange (EDI) Enrollment through the Medicaid's website: <https://mmcs.health.utah.gov/hcfeenroll2/index.jsp>. Provider will need the National Provider Identifier (NPI) or 12-digit payment contract, and Tax ID to complete the EDI enrollment on line.

Associate the TPN to each transaction (based on business needs). Different TPN's may be used for each transaction.

Utah Medicaid does not offer an EDI software. It is the responsibility of the provider to procure software capable of generating a 5010 X12 transaction, and is compatible with the practice management system to meet their business needs.

Some software vendors charge for each transaction type (claims, eligibility, reports, and remittance advice). There is no federal regulation as to how much a software vendor can charge for the software license or their services.

UHIN provides software for UHIN members. For assistance with the download, contact UHIN at (801) 716-5901 or (877) 693-3071.

Providers using a billing company or clearing house, contact the billing company or clearing house for software. Proprietary software can be used provided it meets HIPAA 5010 standards and the CAQH CORE Operating Rules requirements.

10 TRANSACTION SPECIFIC INFORMATION

The information, when applicable under this section is intended to help the trading partner understand the business context of the 276/277 transaction.

There are multiple methods available for sending and receiving electronic transactions. The two most common methods for EDI transactions are Batch and Real-Time modes. Utah Medicaid supports both Batch and Real Time 276/277 transactions.

Providers must be enrolled and open with Utah Medicaid for the date of service being queried. Utah Medicaid providers with an open NPI or 12-digit payment contract (Atypical Providers only) are allowed to transmit the 276/277 transaction. All others will receive a 277 with an AAA error response.

Access to the 276/277 transactions by Batch and Real Time requires trading partners to register on-line with Medicaid, and define usage of these transactions. Click on the following link to register: <https://mmcs.health.utah.gov/hcfeenroll2/index.jsp>.

An EDI Enrollment Tutorial is also available at:
http://www.health.utah.gov/medicaid/pdfs/EDI_EnrollTutorial.pdf

The provider NPI or the 12-digit Payment Contract Number (Atypical Provider) present on the Claim Status request must match the NPI or Payment Contract Number in Medicaid's Claims system.

Providers, billers, and clearinghouses must separate batches by the receiving TPN, (HT000004-001 and HT000004-801).

Medicaid Trading Partner Numbers (TPN)

Providers using NPI should submit 276 transactions to the following mailbox:
HT000004-001

Atypical providers should route 276 transactions to the mailbox below using the 12-digit payment contract: **HT000004-801**

Test Trading Partner Number: **HT000004-003** (through UHIN ProdMirror)

Batch Transactions

In a batch mode, the sender does not remain connected while Utah Medicaid processes the transaction. A 999 Acknowledgement will be returned and made available for download within one hour of receipt of a batch 276 transactions.

Batch 276 transactions should contain no more than ninety-nine (99) client inquiries per transmission.

Batch 277 responses are returned the day after the 276 transaction is received, unless transaction is rejected on a 999 acknowledgement. The 277 response will be available for download by 7 A.M. for all 276 batches submitted by 9 P.M. the day before.

Contact Medicaid EDI Customer Support at (801) 538-6155 or (800) 662-9651 option 3, option 5, and option 2 if a 999 acknowledgement is not returned or for questions pertaining to a rejection on the 999 acknowledgement.

Real-Time Transactions

In Real-Time mode, the sender remains connected while Utah Medicaid processes the transaction. One single client and date of service inquiry is allowed in a Real Time 276 transaction.

Response for Real Time processing is completed and returned within 20 seconds.

Claim Search Criteria

Trading Partners are required to submit a minimum amount of identification in order to verify claim status within the Medicaid Claims system. Providers can request a claim status at either the claim or line level. Medicaid will search for claims based on the following data combinations submitted on the 276 transaction:

1. Claim Level Request

a. Will match payer claim number (Transaction Control Number - TCN), and billing provider NPI/Payment Contract ID number on the claim, or

b. If no TCN is submitted, will match the Recipient ID, billing provider NPI/Payment Contract ID number, and claim service dates.

If a match is found, Utah Medicaid will return the Transaction Control Number (TCN) in the 277 response. The total claim charge, claim payment amount, adjudication date, payment method, and warrant or EFT number will also be returned.

The Medicaid system may split claims or the provider may have sent multiple claims for the same Date of Service (DOS). Utah Medicaid will return all claims found within the date range on the 277 response for a Claim Level Request if a claim level request is received without the claim TCN, given that the NPI validation was met.

2. Line Level Request

a. Will match TCN, billing provider NPI/Payment Contract ID number, first and last date of service, procedure code or revenue code (REV), and line item charge amount, or

b. If no TCN is submitted, will match the Recipient ID, billing NPI/Payment Contract ID number, first and last date of service, procedure code or REV code, and line item charge amount.

If a match is found and the line is paid, the 277 response will include the line level payment.

Utah Medicaid limits Line Level Queries to ten (10) lines. If a query is received with more than 10 lines, the Claim Level response will be returned granted the minimum data validation is met.

There may be multiple line matches to the data requested. Medicaid will return in the 277 Response all line matches found.

Utah Medicaid will return the appropriate Claim Status Category Codes, Status Codes and Entity Codes, as they apply. Multiple and different status code combinations based on the edit status found in the system may be returned. Claim Status Code combination applies to “suspended” or “denied” claims. “Pay” status will not return a status code combination.

Claims Status:

1. Paid claim (all lines paid) – the 277 response will return Claim Status Category Code “F1” (Finalized/Payment – the claim/line has been paid), along with Status Code “65” (Claim/Line has been paid).

Claim Level Status is “Paid,” however lines within the claim denied – the 277 response will return a claim level response, and line level information for each denied line.

Denied lines will return with Status Category Code “F2” (Finalized/Denial – the claim/line has been denied). The Status and Entity Codes will be returned as they relate to the denial edits for the line.

Will return the appropriate Status Code for some system “allowed source” codes that may create a deny status.

2. Denied claim - the 277 response will return the Status Category Code “F2” (Finalized/Denial – the claim/line has been denied). The Status and Entity Codes will be returned as they relate to the denial edits for the claim.

Denied at the claim level, however lines have also denied - the 277 response will return the claim level denial(s). It will also return the line level denials using the appropriate Status Code(s) message(s) that defines the appropriate reasons for denial.

Denied, however only line level denials found – the 277 response will return the claim level Status Category Code as “F2” (Finalized/Denial – the claim/line has been denied) with Status Code “23” (Returned to Entity) and Entity Code “85” (Biller), along with the appropriate line level denials defining the reason(s) for denial.

3. Suspended claim – the 277 response will return the Status Category Code “P2” (Pending/Payer Review – the claim/encounter is suspended and is pending review) for claims being suspended for Manual Review, Emergency Only program, Manual Pricing or Third Party Liability (TPL) edit. Appropriate Status Code message(s) that defines the reason(s) for suspense will also be returned.

All other suspended edits will return the claim level Status Category Code as “P1” (Pending/In Process – the claim/encounter is in the adjudication system) with appropriate Status Code message(s) that defines the reason(s) for suspense.

4. To Be Paid – the 277 response will return the Status Category Code “P0” (Pending: Adjudication/Details - This is a generic message about a pended claim. A pended claim is one for which no remittance advice has been issued, or only part of the claim has been paid). A Status Code “3” (Claim has been adjudicated and is awaiting payment cycle) will be returned.
5. To Be Denied - the 277 response will return the Status Category Code “P0” (Pending: Adjudication/Details - This is a generic message about a pended claim. A pended claim is one for which no remittance advice has been issued, or only part of the claim has been paid). Appropriate Status Code message(s) that defines the reason(s) for denial will be returned.

6. Not Yet Adjudicated – the 277 response will return the Status Category Code “A1” (Acknowledgement/Receipt – The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication), along with Status Code “0” (Cannot provide further information electronically). These are claims that have been received but have not gone through a weekend adjudication cycle.

276 Request reasons for reject include but are not limited to:

1. Medicaid system is not available.
2. Not a valid Medicaid provider.
3. Provider requesting information does not match the provider on the claim.
4. Not able to identify a claim matching the request. Suggested reporting is Claim Status Category Code “A4 – Acknowledgement/Not Found – The claim/encounter cannot be found in the adjudication system.” The Status Code returned is “35 – Claim/Encounter not found”.

The 277 response will return the trace number submitted in the 276 for matching response to the inquiry.

Claim level adjustments will be returned if claim is affected by claim level adjustments, i.e. family liability, spend down, copayments, TPL.

Utah Medicaid’s 277 Response meets requirements contained in the 277 Health Care Information Status Notification set forth by the UHIN Standard located at <http://www.uhin.org/pages/standards-specifications/5010-claim-status-inquiry-and-response-standard-276277.php>

Medicaid supports claim status queries for dates of service up to three (3) years in the past and up to the end of the current month.

APPENDICES

Implementation Checklist

1. Enroll as a Medicaid Provider.
2. Acquire a Trading Partner Number from UHIN.
2. Register Trading Partner Number on-line with Utah Medicaid.
3. Contact UHIN for Acceptance Testing and Connectivity testing.
4. Test with Utah Medicaid.
5. Go live with Utah Medicaid.

Business Scenarios

- A. Trading Partners are required to submit a minimum amount of provider and claim/client identification in order to utilize the Health Care Claim Status Request and Response (276/277) transaction.

Utah Medicaid will validate the NPI or the 12-digit Provider Contract ID (Atypical) for all providers sending 276 transactions.

B. Medicaid will search claim information based on the data combinations submitted on the 276 transaction:

1. Claim Level Request

- a. Will match payer claim number (Transaction Control Number - TCN), and billing provider NPI/Payment Contract ID number on the claim, or
- b. If no TCN is submitted, will match the Recipient ID, billing provider NPI/Payment Contract ID number, and claim service dates.

If a match is found, Utah Medicaid will return the Transaction Control Number (TCN) in the 277 response. The total claim charge, claim payment amount, adjudication date, payment method, and warrant or EFT number will also be returned.

The Medicaid system may split claims or the provider may have sent multiple claims for the same Date of Service (DOS). Utah Medicaid will return all claims found within the date range on the 277 response for a Claim Level Request if a claim level request is received without the claim TCN, given that the NPI validation was met.

2. Line Level Request

- a. Will match TCN, billing provider NPI/Payment Contract ID number, first and last date of service, procedure code or revenue code (REV), and line item charge amount, or
- b. If no TCN is submitted, will match the Recipient ID, billing NPI/Payment Contract ID number, first and last date of service, procedure code or REV code, and line item charge amount.

If a match is found and the line is paid, the 277 response will include the line level payment.

There may be multiple line matches to the data requested. Medicaid will return in the 277 Response all line matches found.

Utah Medicaid will return the appropriate Claim Status Category Codes, Status Codes and Entity Codes, as they apply. Multiple and different status code combinations based on the edit status found in the system may be returned. Claim Status Code combination applies to “suspended” or “denied” claims. “Pay” status will not return a status code combination.

Transmission Examples:

A. NPI/Provider Contract ID validation:

NPI Providers					
Loop	Segment	Name	Code	Length	Notes/Comments
2100B	NM108	Identification Code Qualifier	XX		The National Provider ID must be submitted
2100B	NM109	Identification Code (Information Receiver Identification Number		10	The National Provider ID must be submitted

OR

Atypical Providers					
Loop	Segment	Name	Code	Length	Notes/Comments
2100B	REF01	Reference Identification Qualifier	1D		For Atypical Provider use only
2100B	REF02	Reference Identification		12	12-digit Payment Contract for Atypical Provider use only

B. Search Function

1. Claim Level search:

NPI Providers					
Loop	Segment	Name	Code	Length	Notes/Comments
2100B	NM108	Identification Code Qualifier	XX		The National Provider ID must be submitted
2100B	NM109	Identification Code (Information Receiver Identification Number		10	The National Provider ID must be submitted

2200D	REF01	1K			Qualifier used to send Medicaid Transaction Control Number (TCN)
2200D	REF02	Transaction Control Number		17	Medicaid's Transaction Control Number

OR (if no TCN is submitted – NPI Provider)

NPI Providers					
Loop	Segment	Name	Code	Length	Notes/Comments
2100B	NM108	Identification Code Qualifier	XX		The National Provider ID must be submitted
2100B	NM109	Identification Code (Information Receiver Identification Number		10	The National Provider ID must be submitted
2100C	NM108	Identification Code Qualifier	MI		
2100C	NM109	Identification Code Qualifier		10	Utah Medicaid Recipient's 10-digit Medicaid ID Number
2200D	DTP01	Date/Time Qualifier	472		Code used for Date of Service
2200D	DTP02	Date Time Period	D8 or RD8		Qualifier used for Date or Range Date
2200D	DTP03	Date			If D8 is used, enter Date. If RD8, use a Begin and End Date

OR (if no TCN is submitted – Atypical Provider)

Atypical Providers					
Loop	Segment	Name	Code	Length	Notes/Comments
2100B	REF01	Reference Identification Qualifier	1D		For Atypical Provider use only
2100B	REF02	Reference Identification		12	12-digit Payment Contract for

					Atypical Provider use only
2100C	NM108	Identification Code Qualifier	MI		
2100C	NM109	Identification Code Qualifier		10	Utah Medicaid Recipient's 10-digit Medicaid ID Number
2200D	DTP01	Date/Time Qualifier	472		Code used for Date of Service
2200D	DTP02	Date Time Period	D9 or RD8		Qualifier used for Date or Range Date
2200D	DTP03	Date			If D8 is used, enter Date. If RD8, use a Begin and End Date

2. Line Level Request:

NOTE: 10 Line Level requests are allowed in one query.

NPI Providers					
Loop	Segment	Name	Code	Length	Notes/Comments
2100B	NM108	Identification Code Qualifier	XX		The National Provider ID must be submitted
2100B	NM109	Identification Code (Information Receiver Identification Number)		10	The National Provider ID must be submitted
2200D	REF01	Reference Identification Qualifier	1K		Payor's Claim Number – use this qualifier to send Medicaid Transaction Control Number (TCN)
2200D	REF02	Reference Identification		17	Payor's Claim Control Number – send Medicaid's Transaction Control Number
2100C	NM108	Identification Code Qualifier	MI		
2100C	NM109	Identification Code Qualifier		10	Utah Medicaid Recipient's 10-digit Medicaid ID Number

2200D	DTP01	Date/Time Qualifier	472		Code used for Date of Service
2200D	DTP02	Date Time Period Format Qualifier	D8 or RD8		Qualifier used for Date or Range Date
2200D	DTP03	Date Time Period			If D8 is used, enter Date. If RD8, use a Begin and End Date in CCYYMMDD format
2210D	SVC01 OR SVC01-2	Composite Medical Procedure Identifier OR NUBC Revenue Code	HC:		Use HC: for HCPCS code, then enter the code. OR Revenue Code
2210D	SVC02	Line Item Charge Amount			Use the original submitted charge.
2210D	SVC07	Unit of Service Count			Use the original submitted Units of Service.

OR

Atypical Providers					
Loop	Segment	Name	Code	Length	Notes/Comments
2100B	REF01	Reference Identification Qualifier	1D		For Atypical Provider use only
2100B	REF02	Reference Identification		12	12-digit Payment Contract for Atypical Provider use only
2200D	REF01	Reference Identification Qualifier	1K		Payor's Claim Number – use this qualifier to send Medicaid Transaction Control Number (TCN)
2200D	REF02	Reference Identification		17	Payor's Claim Control Number – send Medicaid's Transaction Control Number
2100C	NM108	Identification Code Qualifier	MI		
2100C	NM109	Identification Code		10	Utah Medicaid

		Qualifier			Recipient's 10-digit Medicaid ID Number
2200D	DTP01	Date/Time Qualifier	472		Code used for Date of Service
2200D	DTP02	Date Time Period Format Qualifier	D8 or RD8		Qualifier used for Date or Range Date
2200D	DTP03	Date Time Period			If D8 is used, enter Date. If RD8, use a Begin and End Date in CCYYMMDD format
2210D	SVC01 OR SVC01-2	Composite Medical Procedure Identifier OR NUBC Revenue Code	HC:		Use HC: for HCPCS code, then enter the code. OR Revenue Code
2210D	SVC02	Line Item Charge Amount			Use the original submitted charge.
2210D	SVC07	Unit of Service Count			Use the original submitted Units of Service.

OR (If no TCN is sent – Medicaid will match NPI, Recipient ID, DOS, Procedure Code or Rev Code, and Line Item Charge Amount – NPI Provider)

NPI Providers					
Loop	Segment	Name	Code	Length	Notes/Comments
2100B	NM108	Identification Code Qualifier	XX		The National Provider ID must be submitted
2100B	NM109	Identification Code (Information Receiver Identification Number		10	The National Provider ID must be submitted
2100C	NM108	Identification Code Qualifier	MI		
2100C	NM109	Identification Code Qualifier		10	Utah Medicaid Recipient's 10-digit Medicaid ID Number
2200D	DTP01	Date/Time Qualifier	472		Code used for Date of Service

2200D	DTP02	Date Time Period Format Qualifier	D8 or RD8		Qualifier used for Date or Range Date
2200D	DTP03	Date Time Period			If D8 is used, enter Date. If RD8, use a Begin and End Date in CCYYMMDD format
2210D	SVC01 OR SVC01-2	Composite Medical Procedure Identifier OR NUBC Revenue Code	HC:		Use HC: for HCPCS code, then enter the code. OR Revenue Code
2210D	SVC02	Line Item Charge Amount			Use the original submitted charge.
2210D	SVC07	Unit of Service Count			Use the original submitted Units of Service.

OR (If no TCN is sent – Medicaid will match NPI, Recipient ID, DOS,
Procedure Code or Rev Code, and Line Item Charge Amount – Atypical
Provider)

Atypical Providers					
Loop	Segment	Name	Code	Length	Notes/Comments
2100B	REF01	Reference Identification Qualifier	1D		For Atypical Provider use only
2100B	REF02	Reference Identification		12	12-digit Payment Contract for Atypical Provider use only
2100C	NM108	Identification Code Qualifier	MI		
2100C	NM109	Identification Code Qualifier		10	Utah Medicaid Recipient's 10-digit Medicaid ID Number
2200D	DTP01	Date/Time Qualifier	472		Code used for Date of Service
2200D	DTP02	Date Time Period Format Qualifier	D8 or RD8		Qualifier used for Date or Range Date
2200D	DTP03	Date Time Period			If D8 is used, enter Date. If RD8, use a Begin and End Date in CCYYMMDD

					format
2210D	SVC01 OR SVC01-2	Composite Medical Procedure Identifier OR NUBC Revenue Code	HC:		Use HC: for HCPCS code, then enter the code. OR Revenue Code
2210D	SVC02	Line Item Charge Amount			Use the original submitted charge.
2210D	SVC07	Unit of Service Count			Use the original submitted Units of Service.

Frequently Asked Questions

Here's a compilation of Questions and Answers relative to Utah Medicaid and its providers.

1. Is there an enrollment requirement to utilize the 276/277?

Yes. In order to successfully exchange electronic data like the 276/277 transaction, providers must be enrolled and currently open with Utah Medicaid for the service date.

Successful utilization of the 276/277 transactions by Batch and/or Real Time requires trading partners to register the TPN on-line with Utah Medicaid, by submitting an Electronic Data Interchange (EDI) enrollment form. Define usage of the 270277 transactions on the EDI Enrollment. Click on the link below to register.

<https://mmcs.health.utah.gov/hcfenroll2/index.jsp>.

2. What is Utah Medicaid's claims search criteria?

Medicaid will search claims based on the following data combinations submitted on the 276 transaction:

1. Claim Level Request

- Will match payer claim number (Transaction Control Number - TCN), and billing provider NPI/Payment Contract ID number on the claim, or
- If no TCN is submitted, will match the Recipient ID, billing provider NPI/Payment Contract ID number, and claim service dates.

If a match is found, Utah Medicaid will return the Transaction Control Number (TCN) in the 277 response. The total claim charge, claim payment amount, adjudication date, payment method, and warrant or EFT number will also be returned.

The Medicaid system may split claims or the provider may have sent multiple claims for the same Date of Service (DOS). Utah Medicaid will return all claims found within the date range on the 277 response for a Claim Level Request if a claim level request is received without the claim TCN, given that the NPI validation was met.

3. Line Level Request
 - a. Will match TCN, billing provider NPI/Payment Contract ID number, first and last date of service, procedure code or revenue code (REV), and line item charge amount, or
 - b. If no TCN is submitted, Medicaid will match the Recipient ID, billing NPI/Payment Contract ID number, first and last date of service, procedure code or REV code, and line item charge amount.

If a match is found and the line is paid, the 277 response will include the line level payment.

Utah Medicaid limits Line Level Queries to ten (10) lines. If a query is received with more than 10 lines, a Claim Level response will be returned granted the minimum data validation is met.

3. What is the Connectivity Requirements for Real Time?

For more information, see UHIN standards at <http://www.uhin.org/>, under Standards & Specifications.

To initiate a Trading Partner relation with UHIN, contact UHIN at (801) 716-5901 or (877) 693-3071 for more information, or email at: customerservice@uhin.com.

UHIN membership is required to access the Security Specification, Hardware Requirements and Connectivity Companion Guides through UHIN.

For complete information on the Connectivity requirements, click on UHIN's website at the link below:

<http://www.uhin.org/pages/standards-specification/connectivity-companion-guide.php>.

4. Do you support Batch submission?

Yes, Utah Medicaid supports Batch and Real Time 276/277 and 276/277 transactions.

5. What Trading Partner Number should provider use to send the 276 to?

Providers using NPI to bill Utah Medicaid should submit 276 transactions to the following mailbox: **HT000004-001**

Atypical providers should route the 276 transactions to the mailbox below using the 12-digit Payment Contract: **HT000004-801**

6. Do you require testing?

Utah Medicaid recommends providers to complete Acceptance Testing with UHIN prior to testing with us.

Test Trading Partner Number: **HT000004-001 (through UHIN's ProdMirror)**

7. What is the response times for Batch and Real Time transaction?

Batch 277 responses are returned the day after the 276 transaction is received, unless transaction is rejected on a 999 acknowledgement. The 277 response will be available for download by 7 A.M. for all 276 batches submitted by 9 P.M. the day before

Response for Real Time processing is completed and returned within 20 seconds.

8. Who do I call for EDI Customer Support?

Trading Partners may call Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data and/or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

Utah Medicaid EDI Customer Support team may be reached by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, option 5. You may also email the EDI Customer Support team at: HCF_OSD@utah.gov

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M. On Thursday, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M. Utah Medicaid is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, the ListServe and through UHIN alerts for unexpected system down time, delay in generation and/or transmission of EDI reports, delay in the release of provider payments, and to announce the release of new or interim Medicaid Information Bulletin (MIB), etc.

To sign up for the Medicaid ListServe, click on the URL below: http://health.utah.gov/medicaid/provhtml/what_s_new.html

Change Summary

This section details the changes between the current Companion Guide and the previous guide(s).

The major change of the current Companion Guide is the format.

The previous Companion Guide included most of the EDI transactions namely:

- 837 Health Care Claim: Professional
- 837 Health Care Claim: Institutional
- 837 Health Care Claim: Dental
- 835 Health Care Claim: Payment/Advice
- 270/277 Health Care Claim status Benefit Inquiry and Response
- 276/277 Health Care Claim Status Inquiry and Response
- 278 Health Care Service Review
- 277CA Health Care Claim Acknowledgement
- 999/TA1 Implementation Acknowledgement for Health Care Insurance

The 820 Premium Payment and the 834 Benefits Enrollment and Maintenance had their separate Companion Guides.